

IO23033



Bell Laboratories, Inc.

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7 July 2011

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter:	Craig A. Riekana Compliance Manager Bell Laboratories, Inc.	Registrant Name:	Bell Laboratories, Inc. 3699 Kinsman Blvd. Madison, WI 53597
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Transmittal Date:	July 7, 2011	Submission:	Voluntary Incident Report
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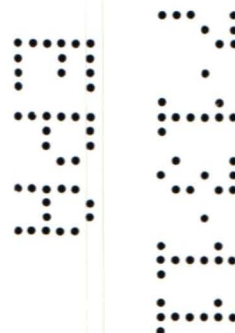
Reportable Substance(s):

Product	EPA Reg. #
Eraze Rodent Pellets	12455-18-3240
Tomcat All-Weather Bait Chunx	12455-80-3240

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekana
Compliance Manager
Bell Laboratories, Inc.
criekena@belllabs.com



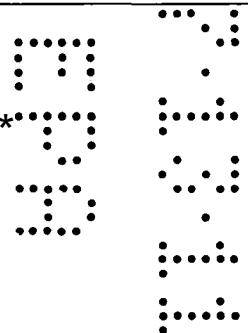
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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 791907
	Address Fort Wayne, IN USA		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: New	Location and date of incident Fort Wayne, IN USA 05/21/2011	Date registrant became aware of incident. 05/21/2011	Was incident part of larger study? No
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 12455-18-3240	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) Zinc Phosphide	A.I. (s)	A.I. (s)	
	Product 1 name Eraze Rodent Pellets	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation pellet	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of- way (rail, utility, highway)). Own Residence	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes	
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

Personal privacy information



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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Wilson, Lauren May 21 2011 5:12PM

Hx Caller states that he opened package to set pellets out. Shortly thereafter went out to work in the yard. 15 mins later c/o tightness in chest, lightheadedness, difficulty breathing, dry mouth and tingling in hands and feet. States that he thinks he may have inhaled some of the dust when he opened package. Denies smelling a strange fish or garlic smell. Caller has only eaten a banana today.

Consulted LH

A Rec MD eval immediately to rule out any other possible causes for the s/sx described. Usually a small acute inhalation is not considered harmful. Can have him eat something and sip on some water or Gatorade/water. Have MD cb prn. We are here 24/7. Case # provided.

Notify LT

Yeager, Greg May 23 2011 8:53AM

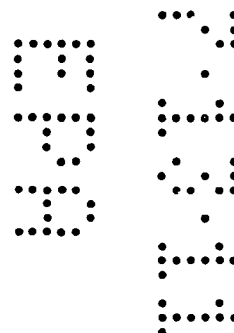
Attempted CB. Left a message requesting follow up. Reset.

Brutlag, Ahna May 23 2011 10:16AM

Reviewed.

Yeager, Greg May 24 2011 8:18AM

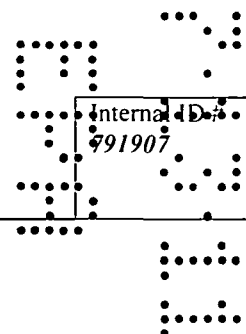
Attempted CB. Left a message requesting follow up.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <i>57 Year(s)</i> Sex: <i>Male</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Unknown route</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NA</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>30 min or less</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-unknown disposition</i>	List signs/symptoms/adverse effects <i>Cardiovascular-Chest Pain (inc non-cardiac)</i> <i>Dermatological-Tingling</i> <i>Gastrointestinal-Dry mouth</i> <i>Neurological-Dizziness/vertigo</i> <i>Respiratory-Dyspnea/Shortness of Breath</i>	If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>	
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute < 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			



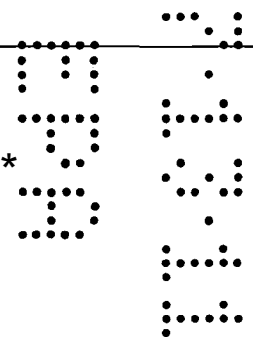
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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 783199
Administrative Data	Address <i>Houston, TX USA</i>		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Houston, TX USA Chronic: >1 month <= 3 months</i>	Date registrant became aware of incident. <i>05/03/2011</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1) <i>12455-80-3240</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) <i>Diphacinone</i>	A.I. (s)	A.I. (s)	
	Product 1 name <i>Tomcat All Weather Bait Chunx</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation <i>wax block</i>	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>	
	Intentional misuse? <i>No</i>			
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

Personal privacy information



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Cargill, Erica May 3 2011 12:28PM

Hx: Caller has been cutting blocks into smaller pieces and then drilling holes in each piece. Caller has cuts and lacerations all over hands due to working with birds. He has been doing this about every 9-10 days for the last 6 weeks. He has noticed that when he knicks himself when he shaves it take a very long time to clot and caller is concerned.

A: This product is an LAAC and requires gloves to handle. Sxs are seen when large amounts are consumed or some type of chronic ingestion has been occurring. Rec being seen by your MD for exam some other health issue may be occurring. Please encourage the Dr to CB with any product questions. Gave case #

Notified LT

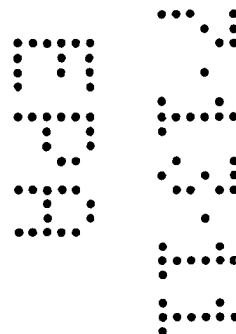
Yerbich, Heather May 4 2011 8:13AM

Reviewed. Notified Client

Yeager, Greg May 11 2011 12:03PM

CB complete. Caller did not see MD for evaluation. Caller states that he has had no further issues with clotting since the original call, and is not concerned about sxs as he was when he called previously.

Informed caller that MD evaluation would still be recommended due to sxs reported. If any new or unexpected symptoms develop, please contact us 24/7 and refer to your reference number so that we can advise on further treatment.



Demographic information: Age: <i>53 Year(s)</i> Sex: <i>Male</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>		
If female, pregnant? <i>NA</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>Unable to determine</i>			
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-unknown disposition</i>	List signs/symptoms/adverse effects <i>Heme/Hepatic-Other coagulopathy</i>		If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>		
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Chronic: >1 month <= 3 months</i> Patient weight: <i>Unknown</i>					
Human severity category: <i>HC</i>					
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)					
			Internal ID # <i>783199</i>		